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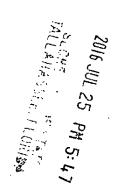
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ALLAHASSAFE, FLORIDA



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COVER LETTER

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CHDIECT		ENTERPRISES LLC				
SUBJECT	:	Name of Limi	ited Liability Company			
The enclose	ed Articles of .	Amendment and fee(s) are sub-	mitted for filing.			
Please retur	rn all correspo	ndence concerning this matter	to the following:			
		DAVID TAKACS				
			Name of Person			
		TAKACS ENTERPRISES	, LLC			
			Firm/Company			
		2556 ABINGTON AVEN	UE			
			Address			
		CLERMONT, FL 34711				
			City/State and Zip C	Code		
		DTAKACS@AUTOMATE				
For further	information co	e-mail address: () oncerning this matter, please ca	to be used for future an	muai report notific	ation)	
DAVID T			407	506-8236		
——————————————————————————————————————		CD.	at ()	Felephone Number	
	Name o	f Person	Area Code	Daytime	reiephone Number	
Enclosed is	a check for th	ne following amount:				
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Dertified Cop (additional copy	у	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registr Divisio P.O. Bo	ation Section on of Corporations ox 6327 assee, FL 32314	Reg Divi Clift 266	REET/COURIE istration Section sion of Corporat ton Building I Executive Cent ahassee, FL 3236	tions ter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAKACS ENTERPRISES, LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our recor Liability Company)	rds.)
The Articles of Organization for this Limited Land Illumidation for the Limited Land Illumidation for the Land Illumidatio	iability Company	were filed on 10/02/2002	and assigned
his amendment is submitted to amend the foll	owing:		
a. If amending name, <u>enter the new name o</u>	f the limited liab	ility company here:	
he new name must be distinguishable and contain the v	vords "Limited Liabi		.C" or the abbreviation "L.L.C."
nter new principal offices address, if applic	able:	2556 ABINGTON AVE	
Principal office address MUST BE A STREE	T ADDRESS)	CLERMONT, FL 34711	
			SEE 16
			音声列
inter new mailing address, if applicable:		2556 ABINGTON AVE	AND 25
(Mailing address MAY BE A POST OFFICE BOX)		CLERMONT, FL 34711	To P T
	<u> </u>		-T()
			1011 II
3. If amending the registered agent and egistered agent and/or the new registered o			ds, enter the name of the
		_	
Name of New Registered Agent:	DAVID TAKA	ACS	
New Registered Office Address:	2556 ABINGT	ON AVE	
		Enter Florida street addr	ess
	CLERMONT	, I	Florida 34711
		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

$\mathbf{AMBR} = .$	Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			□ Add	
	•		Remove	
			Change	
			□ Remove	
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aa ti	e date, if other than the date of filing: (optional)
effect	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie
he 9	Oth day after the record is filed.
1	n. 1. 22 2011
ed _	1/1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Holm Jakaca Es & -
	July 22, 2016. Hely Jaka Signature of a member or authorized representative of a member
	KERRY TAKACS

Page 3 of 3

Filing Fee: \$25.00